



VIRGINIA ENTERPRISE ZONE PROGRAM  
Job Grant Qualification Form  
Print on 8½" x 14" paper.  
Read Job Grant Instruction Manual before completing this form.

Form EZ-6J  
Job Grants

PART I: BACKGROUND INFORMATION

1. Zone Name	Zone #	Zone Designation Date	Date Bus. began Operation in Zone (MM/DD/YYYY)	
2. Business Firm Legal Name		Trading Name, if Different than Legal Name		
3. Federal Employment ID# (FEIN)		Activity # (First three digits of the NAICS. See Instruction Manual.)		
4. Principal Mailing Address		City	State	Zip Code
5. Physical Address of Zone Establishment (if different from above)		City/County/Town		
6. Business Firm Contact Person	Title	Daytime Phone # ( )	E-mail Address	
7. If the Firm is a Subsidiary, Name of the Parent Company		Federal Employment ID# (FEIN) of Parent Company		

8. Check the type of job creation made by the applicant in its first year of the three-year cycle of requesting Job Grants.
- ☐ Expansion of an existing firm
- ☐ Relocation of a firm from outside Virginia
- ☐ New firm (start up)
- ☐ Relocation and expansion of a firm within Virginia
9. Check the type of Business Organization. (If "other," explain type.)
- ☐ Sole Proprietor
- ☐ Partnership
- ☐ Corporation
- ☐ S Corporation
- ☐ Limited Liability Corporation
- ☐ Other: \_\_\_\_\_

PART II: QUALIFICATION INFORMATION

5J Attachments must be completed prior to completing this section. Read the Job Grant Instruction Manual before completing this section.

1. Grant is requested for calendar year \_\_\_\_\_ (YYYY). Check year of job grant application. ☐ YR 1 ☐ YR 2 ☐ YR 3
2. Base calendar year used by the business firm \_\_\_\_\_ (YYYY). This base year remains the same for the three years of qualification.
3. The BASE calendar year is a REDETERMINED BASE YEAR. ☐ NO (Use 10% in line 4.E.) ☐ YES (Use 20% in line 4.E.) (See instruction manual.)
4. Position Test (Note: PFTP = Permanent full-time position. PFTE = Permanent full-time employee.)
- A. # of equivalent PFTP filled by the firm during the BASE year..... A \_\_\_\_\_

B. # of equivalent PFTP filled by the firm during the GRANT year..... B \_\_\_\_\_

C. Increase in the # of equivalent PFTP created over the base year. Subtract line (A) from line (B). ..... C \_\_\_\_\_

D. Percent increase in the # of equivalent PFTP. Divide line (C) by line (A). Multiply by 100. Round to nearest whole percent..... D \_\_\_\_\_ %

E. Minimum # of equivalent PFTP needed to meet the threshold requirement. If the answer to #3 is "no," multiply line (A) by 10%. If the answer to #3 is "yes," multiply line (A) by 20%. (If the result is a fraction, round to the next highest whole integer.) ..... E \_\_\_\_\_

F. # of equivalent PFTP created above the threshold. Subtract line (E) from line (C). ..... F \_\_\_\_\_

G. Net # of ZONE RESIDENT EMPLOYEES from January 1 of base year to December 31 of qualification year. Do not double count employees. .... G \_\_\_\_\_

H. Net # of PFTE from January 1 of base year to December 31 of qualification year. Do not double count employees. .... H \_\_\_\_\_

I. Percentage of employees who are zone residents. Divide line (G) by line (H) and multiply by 100. Round to the nearest one-hundredth of a percent. (0.00%). ..... I \_\_\_\_\_ %

J. Eligible # of equivalent PFTP filled by zone residents. Multiple line (I) by line (F). ..... J \_\_\_\_\_

K. Eligible # of equivalent PFTP filled by non-zone residents. Subtract line (J) from line (F). ..... K \_\_\_\_\_
5. Requested job grant award for zone residents. Multiply line (J) by \$1,000. .... \$ \_\_\_\_\_
6. Requested job grant award for non-zone residents. Multiply line (K) by \$500..... \$ \_\_\_\_\_

Part III: DECLARATION

1. BUSINESS FIRM REPRESENTATIVE: I, the undersigned representative of the business firm for which this request is made, declare that this request has been examined by me and is, to the best of my knowledge, an accurate statement. I am authorized to sign on behalf of the applicant.

Signature	Typed or Printed Name	Title	Date
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2. CERTIFIED PUBLIC ACCOUNTANT: I, the undersigned, declare that this form has been prepared by me and is, to the best of my knowledge, an accurate statement; I further affirm that this business firm meets the requirements for becoming a qualified firm as set forth in the Rules and Regulations of the Virginia Enterprise Zone Program and that the establishment listed in Part I, Item 2 is located within the boundaries of the enterprise zone. I further affirm that I am licensed by the Commonwealth of Virginia and I am not an employee of the business firm which is seeking to qualify for State incentive grants under this Program.

Signature of CPA		Typed or Printed Name		Date	
VA License #	Daytime Telephone Number ( )		E-mail address		
Accounting Firm		Address		City	State Zip

LZA Use Only:	Date Received:	Date Zone Residencies Reviewed:	Date Forwarded to DHCD:
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DHCD Use Only:	Date Received:	Number Assigned:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
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KEEP A COPY OF THIS FORM FOR YOUR RECORDS. Due date is March 31<sup>st</sup> of the calendar year subsequent to the qualification year (Part II, Item 1). Send the original copy via United States Postal Service certified mail (postmarked no later than May 1<sup>st</sup>) or hand deliver by close of business on March 31<sup>st</sup>, to the Local Zone Administrator (contact information in Appendix A of the Job Grant Instruction Manual). (UPS, Fed Ex or other delivery services are considered hand delivery and must arrive at the local zone administrator's office before close of business on March 31<sup>st</sup>.) Late applications cannot be accepted.